Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Aupuni Hale Hoolu, LLC | CHAPTER 100.1 |
|---|-------------------------------------|
| Address: 1805 Aupuni Street, Honolulu, Hawaii 96817 | Inspection Date: May 5, 2020 Annual |
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| | Rules (Criteria) | Plan of Correction | Completion Date |
|---|------------------|---------------------|--------------------|
| | NO DEFICIENCIES | NOT APPLICABLE (NA) | NA NA |
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